duration of all LHRH agonist use was 26.3 weeks and 33.2 weeks in younger and older patients, respectively ($P < 0.05$). LHRH agonists were used for ≤24 weeks and >48 weeks in 56.4% and 17.6% of younger and in 43.3% and 28.3% of older patients. Average duration of anti-androgen use for CAB patients was 34.7 and 39.8 weeks in younger (n = 80) and older patients (n = 117, P = ns). Anti-androgens were used for ≤24 weeks and >48 weeks in 43.8% and 31.3% of younger and in 40.2% and 36.8% of older patients.
CONCLUSIONS: The duration of LHRH agonist use by prostate cancer patients varies by age. Large proportions of patients in both age groups use CAB for ≤24 weeks, suggesting use to protect against testosterone surge. Additional research is required to verify these results.

PCN13

PHARMACOECONOMIC ANALYSIS OF ADVANCED NON-SMALL CELL LUNG CANCER TREATMENT WITH DOCETAXEL-CISPLATIN, PACLITAXEL-CISPLATIN AND PACLITAXEL-CARBOPLATIN

Rubio Terrés C[1], Tisaire JL[1], Kobina S[2], Moyano A[3]
[1]Aventis Pharma, S.A, Madrid, Spain; [2]Aventis Pharma, Bridgewater, NJ, USA; [3]Hospital Ramón y Cajal, Madrid, Spain

OBJECTIVES: To compare the efficiency (the evaluation of efficacy in relation to costs) of three first-line treatment options for advanced non-small-cell lung cancer (stage IIIB and IV) used in the ECOG study: docetaxel/cisplatin (75/75 mg/m²/day; 1 hour IV infusion of docetaxel); paclitaxel/cisplatin (175/75 mg/m²/day; 3 or 24 hour IV infusion of paclitaxel), and paclitaxel/carboplatin (175/400 or 225/400 mg/m²/day; 3 hour IV infusion of paclitaxel).
METHODS: The results of the ECOG 1594 phase III clinical trial demonstrated equivalent efficacy (survival, objective response) between the treatment options. To differentiate between the treatment options, we performed a cost-minimization analysis, using a pharmacoeconomic model.
RESULTS: The average estimated treatment cost per patient (median, four cycles) with docetaxel/cisplatin would be 1,067,836 Spanish pesetas (Ptas) (€6481; 5741 USD), 1,365,304 or 1,439,369 Ptas (€8205 or €8651; 7340 or 7738 USD) with paclitaxel/cisplatin (3 or 24 hour infusions, respectively), and 1,417,995 or 1,616,784 Ptas (€8522 or €9717; 7623 or 8692 USD) (paclitaxel dose of 175 or 225 mg/m²/day, respectively) with paclitaxel/carboplatin.
CONCLUSIONS: According to our study, the treatment option docetaxel/cisplatin, with equal efficacy, would result in a cost saving of between 297,468 and 548,948 Ptas (1788 and 3299 € or 1599 and 2951 USD) per patient treated. This difference is mainly due to the lower treatment cost associated with docetaxel.

PCN14

CHEMOTHERAPY-INDUCED NEUROPATHY IN OVARIAN CANCER COST EFFECTIVENESS ANALYSIS

Hay JW, Patel BV
University of Southern California, Los Angeles, CA, USA

OBJECTIVE: Many widely used chemotherapy agents, including paclitaxel and cisplatin produce neuropathy in cancer patients. These symptoms are dose-related, sometimes irreversible, and can lead to treatment withdrawal. To evaluate reported chemotherapy cost-effectiveness, we assessed the literature on cost and quality of life burden of chemotherapy-induced neuropathy in ovarian cancer (OC) patients.
METHODS: MEDLINE was searched for all articles published in English between 1966 and June 2001 matching neuropathy or cancer with keywords: quality of life; burden of disease; cost; cost-effectiveness; cost of illness; indirect cost. Findings from all relevant international studies were combined to assess neuropathy cost and utility burden.
RESULTS: Eight hundred eighty four relevant study references were identified and reviewed. Only two studies systematically evaluated the utility loss associated with severe neuropathy, and only one study reported indirect cost burden of OC neuropathy. No single analysis provided a comprehensive assessment of chemotherapy-induced neuropathy on treatment cost-effectiveness. Clinical evidence suggests that the burden is substantial. Up to 57% of cisplatin patients, and 62% of paclitaxel patients experienced significant neuropathy symptoms. Quality of life decreased by 17–24% for OC patients experiencing severe neuropathy. Using 2001 US prices and including the indirect costs and quality of life impacts, the effect of severe neuropathy would be to increase typically reported base case cost-effectiveness of paclitaxel in OC treatment from $33,300/QALY to $52,800/QALY. Similar results were found for other oncology medications.
CONCLUSIONS: Neuropathy quality of life and cost burden has been ignored in the chemotherapy cost-effectiveness literature, because direct treatment costs are small and quality of life impacts due to neuropathy in OC patients are rarely explicitly measured. Nevertheless, this treatment toxicity may have a substantial effect on chemotherapy cost-effectiveness, possibly increasing reported medication cost/QALY estimates by 60%. More research is needed to quantify the cost and quality of life burdens of chemotherapy-induced neuropathy.

PCN15

QOL CHANGE OVER TIME POST-REINFUSION OF PBPC IN HIGH DOSE TREATMENT OF NON-HODGKIN'S FOLLICULAR LYMPHOMA (N-HFL) WITH AND WITHOUT FILGRASTIM USE

Van Kriekinge G[1], Coiffier B[2], Witz B[3], Erder HM[4], Standaert B[1]
[1]Amgen Inc, Brussels, Belgium; [2]Centre Hospitalier Lyon Sud, Pierre Bénite, France; [3]Hôpital Brabois, Vandoeuvre les Nancy, France; [4]Amgen Inc, Thousand Oaks, CA, USA

OBJECTIVES: To assesses the quality of life (QoL) with Q-TwiST retrospectively in a randomised phase III trial